Fil	I in this information to identify your case:									
	ebtor 1 Tadeusz Konopka	Check 122A-	kone box only a 1Supp:	s directed in this form	and in Form					
	ebtor 2 ouse, if filing)		1. There is no pr	esumption of abuse						
Un	ited States Bankruptcy Court for the: Middle District of Pennsylvania	i			esumntion of abuse					
Case number 5:18-bk-00941			☐ 2. The calculation to determine if a presumption of abuapplies will be made under <i>Chapter 7 Means Test Calculation</i> (Official Form 122A-2).							
			3. The Means Te qualified milita	est does not apply not ary service but it coul	w because of d apply later.					
	ficial Form 122A - 1			an amended filing						
Cł	napter 7 Statement of Your Current Monthly	Inco	me		12/15					
case quali	s complete and accurate as possible. If two married people are filing together, both and the aseparate sheet to this form. Include the line number to which the additional informal number (if known). If you believe that you are exempted from a presumption of abuse ifying military service, complete and file Statement of Exemption from Presumption of Calculate Your Current Monthly Income	iation appi	es. On the top of	any additional pages,	Write your name and					
1.	What is your marital and filing status? Check one only.				<u> </u>					
	Not married. Fill out Column A, lines 2-11.									
	☐ Married and your spouse is filling with you. Fill out both Columns A and B	lines O 4		•						
	☐ Married and your spouse is NOT filing with you. You and your spouse are:									
	☐ Living in the same household and are not legally separated. Fill out both Columns A and B, lines 2-11.									
	Living separately or are legally separated. Fill out Column A, lines 2-11; penalty of perjury that you and your spouse are legally separated under no living apart for reasons that do not include evading the Means Test require	do not fill	out Column B. B	by checking this box,	you declare under our spouse are					
. FI	II in the average monthly income that you received from all sources, derived during the	enents. 11 e 6 full mo i	U.S.C.§ 707(b)(Tiha before you fi	(기(B). le this bankruptcy cas	e. 11.U.S.C. &					
SF SF	e 6 months, add the income for all 6 months and divide the total by 6. Fill in the result, Do not couses own the same rental property, but the income from that property in one column only. If	l include an You have r	yincome amount relating to report to	nore than once. For exa r any line, wille \$0 in the	mple, if both space, # 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
2	Your gross wages polary time harman	Deb	umin A	Column B B Debtor 2 or non-filling spous						
	Your gross wages, salary, tips, bonuses, overtime, and commissions (befor payroll deductions).	reall \$	0.00	¢						
	Alimony and maintenance payments. Do not include payments from a spouse Column B is filled in.	if \$	0.00	Ψ \$	_					
	All amounts from any source which are regularly paid for household expens of you or your dependents, including child support. Include regular contribution from an unmarried partner, members of your household, your dependents, parent and roommates. Include regular contributions from a spouse only if Column B is refilled in. Do not include payments you listed on line 3.	ons	0.00	\$	_					
5.	Net income from operating a business, profession, or farm	*		Ψ	_					
	Debtor 1									
	Gross receipts (before all deductions) \$ 0.00									
	Ordinary and necessary operating expenses -\$ 0.00									
	Net monthly income from a business, profession, or farm \$0.00 Copy her	'e -> \$	0.00	\$						
6.	Net income from rental and other real property			·	-					
	Debtor 1									
	Gross receipts (before all deductions) \$ 0.00			,						
	Ordinary and necessary operating expenses -\$ 0.00									
	Net monthly income from rental or other real property \$ 0.00 Copy her	e -> \$	0.00	\$						
7. 1	nterest, dividends, and royalties	\$	0.00	\$	-					

Official Form 122A-1

			<u>_</u> _	Column A	Column [†] B					
۵	Unompleyment			Debtor 1	Debtor 2 or non-filling spouse					
Ο.	Unemployment compensation Do not enter the amount if you contend that the the Social Security Act, Instead, list it have	amount received was a ben	efit under	\$0.00	\$					
	Farmer	•				•				
-	For your spouse	*	0.00							
9.	Pension or retirement income. Do not include	any amount received that w								
	benefit under the Social Security Act. Description all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below.			\$\$						
			·	\$0.00	\$					
	Total amounts from separate pages, if a	· · · · · · · · · · · · · · · · · · ·		\$0.00	\$	-				
-1-4	• • •	•	+	\$0.00	\$					
11.	Calculate your total current monthly income. each column. Then add the total for Column A to	Add lines 2 through 10 for the total for Column B.	\$	0.00 +	= \$	0.00				
		•	<u> </u>			ent monthly				
Part	2: Determine Whether the Means Test App	olies to You			income					
12.	Calculate your current monthly income for the	vear Follow these stone:	·	<u>. </u>		<u></u>				
	12a. Copy your total current monthly income from	line 11				————·				
	The same way in section with		•••••••••••••••••••••••••••••••••••••••	Copy line 11 he	ere=>	0.00				
	Multiply by 12 (the number of months in a ye	ear)								
	12b. The result is your annual income for this par	t of the form			12b. \$	0.00				
13. (Calculate the median family income that applie	es to you. Follow these step	s:	7 a						
	Fill in the state in which you live.	PA								
F	Fill in the number of people in your household.	2	•							
7	Fill in the median family income for your state and To find a list of applicable median income amount for this form. This list may also be available at the	s. ao online usina the link en	ecified in	the separate instruction	13. \$ 62,3	359.00				
•	the form. This list may also be available at the	bankruptcy clerk's office.		are obparate instruction						
	How do the lines compare?									
	14a. Line 12b is less than or equal to line Go to Part 3.									
	14b. Line 12b is more than line 13. On the Go to Part 3 and fill out Form 122A-2.	top of page 1, check box 2,	The presu	umption of abuse is de	termined by Form 122A-	2.				
art 3	• • • • • • • • • • • • • • • • • • • •			* .						
	By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.									
	X /s/ Tadeusz Konopka									
	Tadeusz Konopka Signature of Debtor 1									
١	Date May 22, 2018 MM / DD / YYYY									
	If you checked line 14a, do NOT fill out or file	Form 122A-2			us ^t	.*				
	If you checked line 14b, fill out Form 122A-2 a	A contract of the contract of			en e					
	7 mio + 10, mi out 1 onit 122A-2 8	no ne it with this form.			<u></u>					

Official Form 122A-1